conditions, Crohn's disease, ulcerous colitis, reperfusion injury, auto-immune diseases, inflammatory bowel disease (IBD), arteriosclerosis, restenosis, cancer, coronary heart disease, diabetes, cancer metastasis, rheumatoidal diseases, dermatological diseases, such as psoriasis, seborrhea, burn injury, graft rejection.

The compounds of the present invention can be administered in the form of oral, rectal, injection, or inhalatory preparations. Oral compositions normally exist as tablets, granules, capsules (soft or hard), or powders, either coated or uncoated products. As coated products they may be merely enteric coated to provide for a more readily administered preparation, or as a sustained release coated composition, where the release of active compound will take place due to the dissolution of the coating, which dissolution is dependent on where in the gastro-intestinal tract one will have a release. Thus the release can be controlled as to place and time. It may also be advantageous to coat the active compound if this is subject to degradation, such as by gastric acid, in order then to have the compound to pass the stomach.

Tablets and capsules normally contain one dose of the active compound, i.e., the dose determined to fulfill the requirements of obtaining a therapeutically active level in serum or otherwise, either this is required once, twice or more times a day (24 hrs).

Rectal compositions are normally prepared as suppositories, where the active compound is dissolved or dispersed in a waxy compound or fat having a melting temperature in the range of the body temperature, as to release the active compound when administered rectally.

Preparations for injection are commonly made for subcutaneous, intramuscular, intravenous, or intra peritoneal administration. Injection solutions are normally provided with an adjuvant to facilitate absorption of the active compound.

Preparations for inhalation are commonly present as powders which are administered either in pressurized containers with a dosing nozzle, or in an inhaler system where the powder is dosed in the system and then the patient is inhaling air through the apparatus to such degree that the powder becomes airborne and enters the respiratory tract, including the lungs. Inhalation preparation are normally used for inflammatory conditions in the respiratory tract including the lungs.

Table 1. Thrombotic disorders (c.f. Harrison's Principles of internal medicine, 14th edition, Vol.1, p345).

Inherited

Defective inhibition of coagulation factors
- Factor V Leiden (resistant to inhibhition by activated protein C)
- Antithrombin III deficiency
- Protein C deficiency
- Protein S deficiency

Impaired clot lysis
- Dysfibrinogenemia
- Plasminogen deficiency
- tPa deficiency
- PAI-1 excess

Uncertain mechanism
- Homocytinuria

Acquired

Disease or syndromes
- Lupus anticoagulant
- Malignancy
- Myeloproliferative disorder
- Throbotic throbocytopenic purpura
- Estrogen treatment
- Hyperlipidemia
- Diabetes mellitus
- Hyperviscosity
- Nehprotic syndrome
- Congestive heart failure
- Paroxysmal noctural hemoglobinuria

Physiological states
- Pregnancy (especially postpartum)
- Obesity
- Postoperative states
- Immobilization
- Old age

Table 2. Indications for antiplatelet drug therapy (c.f. Harrison's Principles of internal medicine, 14th edition, Vol.1, p746)

A. Cerebrovascular disease
   a. Transient ischemic attacks
   b. Secondary prevention of cerbrovascular accidents
B. Cardiovascular disease
   a. Unstable angina pectoris
   b. Primary prevention of myocardial infarction
   c. Secondary prevention of myocardial infarction
   d. Following coronary bypass grafting
   e. Following insertion of prosthetic valve
C. Renal disease
   a. To mainatain the patency of arterovenous cannulas
   b. To slow progression of glomerular disease